

Guidebook for the

Homeless Incentive Program (HIP)

Virginia Department of Health
Division of Tuberculosis Control
Policy TB01-002

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VDH VIRGINIA
DEPARTMENT
OF HEALTH
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THE HOMELESS INCENTIVE PROGRAM (POLICY TB01-002)

Purpose

The Virginia Department of Health Division of Tuberculosis Control (DTC) created the Homeless Incentive Program (HIP) to provide temporary housing assistance for tuberculosis (TB) patients who are homeless or have living conditions that represent a barrier to adherence or completion of treatment. The secondary purpose of the HIP is to prevent the at-risk-patient from becoming truly homeless by enabling him/her to remain in the current housing arrangement.

Background

Prior to the creation of HIP, homeless persons with suspected or confirmed TB disease were often discharged from hospitals while infectious, frequently without notifying the health department. Many of these individuals were lost to medical supervision shortly after hospital discharge. Still others were non-complaint with prescribed treatment or could not be located for Directly Observed Therapy (DOT). The HIP Program offered an alternative for case managers who used the housing option as an incentive for patients to show up for DOT. HIP increased the successful utilization of DOT in a population group at high risk for defaulting.

Based on a record of success, the HIP Program was expanded to include those patients under isolation orders and those too sick to work. For example, rent or mortgage payments and food vouchers were provided on a one time or limited time basis. The assistance allowed the patient to use his remaining money to cover other bills that may have caused him to default on a loan or lose basic utility service. This shorter-term intervention during the critical infectious period prevented the patient from becoming truly homeless as a result of his TB disease.

The HIP Program was intended to be a housing program of last resort, but the ease and convenience of having housing readily available increased its usage beyond the program's capabilities. To that end, the HIP Program was closely reviewed and revised in late 2000. This Guidebook was developed to explain the Program, the eligibility criteria for patients, and the length of eligibility.

Eligibility Criteria

Basic criteria and guidelines are intended for the districts to identify if there is a need for financial assistance from the HIP program. The patient is someone who is suspected or diagnosed as having infectious pulmonary TB disease based on laboratory findings. The patient should be homeless with no permanent housing available and have no disposable income to pay for housing.

Directly Observed Therapy (DOT) is a requirement for receiving financial support from this program. DOT results in higher completion of treatment rates as well as achieving a cure in a hard to reach population. Since the patient is generally under isolation restrictions, daily DOT is encouraged to assure that the patient receives at least one visit to assure that they are tolerating the medication. Non-compliance with the DOT requirement can result in immediate termination of HIP assistance.

The case manager should assess patient eligibility for other Social Services housing, food stamps, medical, general relief, and other social security benefits. To access the services provided through the HIP Program, call the Division of TB Control in Richmond at (804) 864-7906. Information can be faxed to (804) 371-0248.

VDH DTC Homeless Incentive Program (HIP) Policy TB01-002 ~ Detailed Version

PURPOSE

Provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment completion

I. Basic Criteria [ALL of the Following Criteria Must be Met]

A. The patient must have confirmed or suspected tuberculosis disease.

1. Tuberculosis Suspect: Patient is suspected of having TB disease based on positive bacteriology (smears positive for acid-fast bacilli “AFB”), abnormal chest x-ray, and/or clinical symptoms indicative of active tuberculosis disease.

OR

2. Laboratory confirmation of *Mycobacterium tuberculosis complex* from a clinical specimen.

OR

3. Clinical diagnosis of TB based on a positive tuberculin skin test, radiologic evidence or patient symptoms, and clinical improvement while on treatment with two or more anti-TB medications.

B. The diagnosis of confirmed or suspected TB disease must be affirmed by a VDH physician who is on staff or under contract with VDH. This is to assure that a uniform and consistent definition of TB suspects and cases is being followed.

C. The case or suspect has been reported to DTC or to the local jurisdiction. This step assures that the reporting procedures are being followed and the local health department is receiving timely reports.

D. Medical management of the patient is supervised by Virginia Department of Health. If the patient has a private physician, a local health department physician should be consulting on the case. This supervision or consultation assures that established VDH-DTC standards of care are followed.

E. Patient must agree to directly observed therapy (DOT). DOT is the standard of care for pulmonary cases of tuberculosis and essential for an individual who is at risk of losing or has lost housing.

F. Patient must agree to participate in the HIP Program and abide by its guidelines. If the patient cannot abide by the housing guidelines, the patient cannot be supported by this program.

II. Placement Criteria [*One Criterion Must be Met*]

- A. Patient is currently homeless and willing to accept placement in a facility that provides housing to HIP participants. Homeless means that the patient lacks stable housing or housing that meets the minimum housing standards. Homeless may also include those individuals who sleep in different places on a nightly basis and may be unavailable for DOT due to uncertainty as to where they will find shelter.
- B. Public health department requests that patient be removed from a living situation that has or could impact negatively on continuing TB treatment. These situations may include an adult who lives in a household where young children also reside, roommates are immunocompromised, or the unit is a congregate living setting.

III. Criteria for Support in Current Residence [*ALL of the Following Criteria Must be Met*]

This Program will offer assistance to a patient who is living in his own residence in an effort to keep the patient there to prevent homelessness. The objective is to have a consistent location for the outreach worker to meet the patient for DOT.

- A. The patient is unable to work because of the TB diagnosis. TB disease often involves a hospital stay and during this time, patients may lose their jobs or not be paid for work not performed due to illness. If the TB disease directly results in a loss of income for the individual and he is receiving no other income and is not eligible for other financial assistance, the patient may be eligible for this program.
- B. The patient is deemed financially incapable of continuing to pay for housing. This means that the patient has no money to cover the rent and will be evicted from the place of current residence.
- C. Current housing meets TB Control's standards to be eligible

IV. Conditions for Continued Participation [*ALL of the Following Criteria Must be Met*]

- A. Patients must continue to show a financial need for assistance.
- B. Patients must adhere to directly observed therapy as prescribed.
- C. Patients must keep scheduled clinical appointments.
- D. Patients must observe all the conditions of isolation while infectious.
- E. Patients must obey all rules and regulations of the facility in which they are housed.

HIP: REQUESTING HOUSING ASSISTANCE

Designated Case Manager:

1. Review the eligibility criteria to determine if patient qualifies.
2. Call the HIP Coordinator at 804-864-7906.
3. Review the case with the HIP Coordinator; approval will be granted or denied.
4. If requesting housing assistance, the case manager locates an appropriate place that meets the minimum housing standards and medical needs.
5. Determine the cost of the housing.
6. Determine the length of time housing will be needed.
7. Obtain name, address, phone, and contact name of the housing location so DTC can send a check or billing information to them.
8. If rental assistance is requested, determine who is the appropriate recipient of the rent money. Money is not sent directly to the patient.
9. The case manager is faxed a copy of a letter that will be sent to the vendor or American Lung Association of Virginia (ALA-V). The case manager will immediately notify DTC of any errors or changes from what is contained in the letter.
10. Notify the HIP Coordinator if the time period covered is shortened or needs to be extended. Extensions are based on continued need and eligibility.

Note: If a check is received and the money is not used for some reason, the case manager writes “VOID” on the check, tears the check in half, and returns it to ALA-V.

DTC HIP Coordinator:

1. For direct billing: VDH-DTC will fax an authorization letter to the vendor stating intent to reimburse upon receipt of a bill for the specified patient. This letter also serves as verification that the request has been approved. DTC faxes a copy of this letter to the case manager.
2. For direct payment from VDH-DTC through ALA-V: VDH-DTC will fax a letter to ALA-V requesting that they issue a check. This letter contains the amount requested, the time period covered, and the vendor information. DTC also faxes this letter to the case manager.

DIRECTLY OBSERVED THERAPY AGREEMENT

This is a letter of agreement between the Virginia Department of Health Division of Tuberculosis Control *and* _____.
(Client's Name)

The Virginia Department of Health Division of Tuberculosis Control has agreed to provide housing assistance during the time period this client meets the Homeless Incentive Program (HIP) Program eligibility criteria. As part of this assistance, the client agrees to the following:

- Client will be available to the healthcare workers on a regular schedule for Directly Observed Therapy (DOT);
- Client will not be under the influence of alcohol or any other illegal controlled substances during the healthcare worker's visits or while attending clinic;
- Client will not be verbally or physically abusive to any health care worker;
- Client will submit sputum samples and keep clinic appointments as requested by the Health Department;
- Client will keep the housing unit clean and neat;
- Client will abide by the rules and regulations set by the housing management.

Client's Signature :

_____ Date : _____

VDH Representative's Signature:

_____ Date : _____

HIP DISTRICT PROCEDURE FOR OBTAINING FOOD ASSISTANCE

Food assistance is offered as an incentive for patients who meet all HIP eligibility criteria and need food to continue therapy, but have insufficient funds. **Requests for food assistance are evaluated on a case-by-case basis; HIP functions as a fund of last resort.**

The patient should fall into one of these categories:

- Patient under isolation orders
- Patient needs groceries for nutritional supplement while recovering
- Patient lost employment or income source as a result of illness
- Patient can pay for housing instead of food
- Patient has no access to any other food sources

The case manager will call DTC who will determine if patient meets the eligibility criteria and need for food assistance is documented.

DTC will send a check for no more than \$150 per month to the designated case manager. This check will be issued by the ALA-V. The case manager will do one of the following:

1. Patient under isolation orders: Purchase the necessary grocery items and deliver them to the patient so he does not have to go out in public.
2. Non-infectious, ambulatory patient: Purchase gift certificates from a local grocery store and deliver the certificates to the patient.

Food assistance is restricted to the purchase of food items only. Prohibited items include alcohol, cigarettes, and other items not specifically for the patient.

Upon delivery of the groceries or gift certificates, the patient must sign a receipt to acknowledge that the groceries or certificates were received. The case manager maintains this documentation in the patient record.

HIP HOUSING STANDARDS

When the case manager has to locate housing, it is ideal to contact three different vendors to establish availability and willingness to participate in the Program. The case manager will have to determine room availability, negotiate a rate that is below the state per diem rate, and assure that the room meets the suggested minimum housing and safety standards. The HIP participant is not to be housed in a particular unit until the minimum standards have been reviewed and met.

Since TB workers are not certified housing inspectors, TB case managers are asked to assess the potential housing unit to assure that it is clean, free of obvious dangers or hazards, and that the unit itself does not pose a health risk. The items listed in bold provide a baseline of items to consider. The suggested health and safety standards is a partial listing of other things to be aware of, but are also items that TB case managers are not specifically trained to assess.

For infection control measures when smear positive:

- No shared air between rooms (window air conditioning and heat is best)
- Suspended housekeeping services
- No roommates or visitors.

Minimum housing standards:

- Hot and cold running water
- Heat during the colder months.
- Locks on the door and the door should open and close with ease.
- Access to cooking facilities (i.e. microwave oven, stove, or hotplate).

Minimum patient responsibilities:

- Keep the room clean and orderly
- Abide by the rules and regulations of the property owner
- No noisy visitors in the room when medically cleared to have visitors
- No alcohol or illegal drugs in the room.

Other Suggested General Health and Safety Standards

- Should be able to enter the housing unit without having to go through another unit.
- Fire exit from the building should be readily available and not blocked in any way.
- Free from rats or severe infestation by mice or other vermin.
- Free from heavy accumulation of garbage or debris inside and outside of the unit.
- Adequate covered facilities for temporary storage of food wastes or other garbage.
- Interior and exterior stairs and hallways free from hazards to the occupant due to loose, broken, or missing steps on stairways, absent or insecure railings, inadequate lighting, or other hazards.
- The interior of the housing unit is free from any other potentially hazard not specifically mentioned.
- All elevators should have a current inspection certificate and be in good, safe working condition.
- The housing unit should be free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants.
- The site and immediate neighborhood should be free from conditions that would seriously and continuously endanger the health and safety of the HIP participant.
- Interior and exterior paint should be lead-free.

HIP Role of the Designated Case Manager

1. The designated case manager takes an active role in the process of discharge planning of TB cases and suspects, prior to their release from hospitals. This is especially critical in infectious cases who may have just initiated treatment.
2. The designated case manager performs a needs assessment on the patient and determines the patient's current housing status.
3. The designated case manager identifies food banks, soup kitchens, and emergency food services to meet the patient's basic need for food.
4. The designated case manager will assist in locating appropriate housing with relatives, assisted living, adult homes, single room occupancy or shelters.
5. If the patient has no housing resources available, the designated case manager determines if the patient meets the criteria for TB assistance. The designated case manager contacts VDH-DTC for the identified patient needs.
6. The designated case manager determines if continued assistance is needed beyond the initial period. If so, the designated case manager verifies the need and notifies VDH-DTC.
7. The designated case manager provides ongoing case management of the patient including DOT.
8. The designated case manager notifies VDH-DTC when the HIP participant is able to seek employment or return to work, thereby negating the need for continued assistance.
9. The designated case manager notifies VDH-DTC of any problems and/or questions regarding the HIP program.
10. The designated case manager also determines if it is appropriate for a homeless or transient patient to remain living on the streets or in the woods. As long as the patient is keeping DOT and other medical appointments, it is often better if the patient's lifestyle is not interrupted by forcing the patient to live in a motel room.

Counties Not Covered by the VDH-DTC HIP Program

The following health districts are INELIGIBLE for the VDH-DTC HIP Program since they are covered by another program. If you are in one of the listed counties and services are needed, contact the American Lung Association of Virginia, who manages the fund, and ask for David DeBiasi (**804-267-1900**). ALA-V generally follows the HIP policies as a guide in approving funds.

Alleghany Health District

- Alleghany County
- Botetort County
- Craig County
- Roanoke County
- Clifton Forge
- Covington
- Salem

Cumberland Plateau Health District

- Buchanan County
- Dickenson County
- Russell County
- Tazewell County

Lenowisco Health District

- Lee County
- Scott County
- Wise County
- Norton County

Mount Rogers Health District

- Bland County
- Carroll County
- Grayson County
- Smyth County
- Washington County
- Wythe County
- Bristol
- Galax

New River Health District

Roanoke City Health District

VDH DTC DECISION ANALYSIS FORM
Homeless Incentive Program (HIP)
Criteria for Participation

PURPOSE: To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment.

PROCEDURE: To request coverage for your patient in the HIP Program, please verify that the patient meets the basic eligibility criteria and determine the type of assistance needed. Contact the Division of TB Control at (804) 864-7906. DTC will complete this form based on the designated case manager's input and advise you of the Program's ability to support the patient.

A. Basic Criteria

- ☐ 1. Diagnosis of tuberculosis or tuberculosis suspect
- ☐ 2. Diagnosis affirmed by a VDH physician
- ☐ 3. Reported to DTC
- ☐ 4. VDH supervising or consulting on the medical management
- ☐ 5. Patient is on Directly Observed Therapy (DOT)
- ☐ 6. Patient demonstrates financial need; other resources investigated
- ☐ 7. Patient agrees to participate in HIP Program and abide by the Program guidelines

B. Placement Criteria

- ☐ 1. Patient is currently homeless.
- ☐ 2. Patient is in danger of becoming homeless
- ☐ 3. Public health request or isolation restriction

C. Nature of requested assistance

- 1. Recipient:** _____
- 2. Rent Assistance:** Payment: \$ _____
Time Period to be covered: _____
- 3. Food Assistance:** Payment: \$ _____
- 4. Other:** Payment: \$ _____

D. Disposition

_____ Approved, criteria met _____ Not approved (see Comments)

COMMENTS:

PHN/ORW: _____ Phone: _____

Coordinator: _____ Date _____

VDH-DTC DECISION ANALYSIS FORM
Homeless Incentive Program (HIP)
Criteria for Continued Participation

PURPOSE: To provide temporary housing for patients with tuberculosis whose living conditions represent a barrier to adherence to treatment.

PROCEDURE: To request continued coverage for your patient in the HIP Program, please verify that the patient needs continued assistance and the type of assistance needed. Contact the Division of TB Control at (804) 864-7906. DTC will complete this form based on the designated case manager's input and advise you of the Program's ability to continue support for the patient.

A. Verification of continued need and compliance with program guidelines

- ☐ 1. Patient continues to adhere to directly observed therapy as prescribed.
- ☐ 2. Patient continues to keep scheduled clinical appointments.
- ☐ 3. Patient continues to obey all conditions of isolation while infectious or under court order.
- ☐ 4. Patient continues to obey all rules and regulations of the facility providing housing.
- ☐ 5. Patient still meets all financial and need eligibility standards.

B. Nature of requested assistance

- 1. Recipient:** _____
- 2. Rent Assistance:** Payment: \$ _____
Time Period to be covered: _____
- 3. Food Assistance:** Payment: \$ _____
- 4. Other:** Payment: \$ _____

C. Disposition

☐ Approved, criteria met ☐ Not approved (see Comments)

COMMENTS:

PHN/ORW: _____ Phone: _____

Coordinator: _____ Date: _____